



**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No: 30187/37578

**CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)**

**Box Patent Application  
Commissioner for Patents  
Washington, D.C. 20231**

Sir:

This is a request under 37 CFR 1.53 for filing a

- ☒ continuation application.  
☐ divisional application.

**1. Particulars of Prior Application**

Application Serial No: 09/407,667  
Filed on: September 28, 1999  
Title: Prion-Binding Activity in Serum and Plasma  
Art Unit: 1653  
Examiner: Carlson  
Prior Docket No.: 27656/36299

---

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **July 5, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EL 827656769 US.

Richard Zimmermann

2. This request is filed by:

|                                |  |  |   |
|--------------------------------|--|--|---|
| 1.<br>Full Name of<br>Inventor | Family Name<br>Aguzzi                    | First Given Name<br>Adriano                | Second Given Name                       |
| Residence &<br>Citizenship     | City<br>Zürich                           | State or Foreign<br>Country<br>Switzerland | Country of Citizenship<br>Italy         |
| Post Office<br>Address         | Post Office Address<br>Mühlegasse 21     | City<br>CH-8001 Zürich                     | State & Zip Code/Country<br>Switzerland |
| 2.<br>Full Name of<br>Inventor | Family Name<br>Fischer                   | First Given Name<br>Michael                | Second Given Name<br>Boris              |
| Residence &<br>Citizenship     | City<br>Dübendorf                        | State or Foreign<br>Country<br>Switzerland | Country of Citizenship<br>Switzerland   |
| Post Office<br>Address         | Post Office Address<br>Böszelgstrasse 10 | City<br>CH-8600 Dübendorf                  | State & Zip Code/Country<br>Switzerland |
| 3.<br>Full Name of<br>Inventor | Family Name                              | First Given Name                           | Second Given Name                       |
| Residence &<br>Citizenship     | City                                     | State or Foreign<br>Country                | Country of Citizenship                  |
| Post Office<br>Address         | Post Office Address                      | City                                       | State & Zip Code/Country                |

☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

[illegible]

- #### 4. Copy of Prior Application

## 5. Incorporation By Reference

## 6. Priority

- ## 7. Assignment

- ## 8. Small Entity Status

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A small entity status is(are) attached.

9. **Application to be Published**

- ☒ Yes.  
☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. **Fee Calculation**

| CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)              |           |           |              |          |                           |          |
|---|-----------|-----------|--------------|----------|---------------------------|----------|
|   |           |           | SMALL ENTITY |          | OTHER THAN A SMALL ENTITY |          |
|   | NO. FILED | NO. EXTRA | RATE         | FEE      | RATE                      | FEE      |
| BASIC FEE   |           |           |              | \$355.00 |                           | \$710.00 |
| TOTAL   | 11 -20    | = 0       | X 9 =        | \$0.00   | X 18 =                    | \$       |
| INDEP.  | 1 - 3     | = 0       | X 40 =       | \$0.00   | X 80 =                    | \$       |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim |           |           | + 135 =      | \$0.00   | + 270 =                   | \$       |
| Filing Fee:   |           |           |              | \$355.00 | <b>OR</b>                 | \$       |

11. **Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$355.00  
☐ Charge Deposit Account No. 13-2855 in the amount of: \$ \_\_\_\_\_  
A copy of this Transmittal is enclosed.

12. **Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

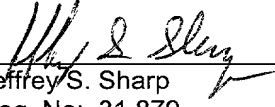
**13. Correspondence Address**

Customer No.: 04743

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,  
MURRAY & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6402  
(312) 474-6300  
(312) 474-0448 (Telefacsimile)

By:

  
Jeffrey S. Sharp  
Reg. No: 31,879

July 5, 2001

0989407-07501  
T050407-0445860